



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
[Births and Deaths Registration Act 51 of 1992]



4814942

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker.)

1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

2. Identification of the deceased (tick one box):
 2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family
 2.2 Stillborn child
 2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased
 2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth
 2.5 The deceased was already buried prior to the completion of this form
 2.6 The deceased was unidentifiable: 2.6.1 Burnt 2.6.2 Decomposed 2.6.3 Other (specify) _____

3. Date of Death / stillbirth: 20251215

4.1 Place of Death/stillbirth (City/Town/Village): PORT MARBURG

4.2 Province of Death/stillbirth: NORTH WEST

5. Place of Registration of Death / stillbirth: PORT MARBURG

6. If death occurred within 24 hours after birth, number of hours alive: _____

7. Home telephone no.: _____

8. Identity No. (Passport No., if foreigner): 19790316

9. Age at last birthday if DOB is unknown: 19

10. Date of Birth if there is no ID number: 19790316

11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

12. Surname: ANDREAS

13. Previous / Maiden Surname: _____

14. Forenames: JAN THACOBUS

15. Usual Residential Address:
 Street: 06 SKOL STREET
 Town: DENN HEAVEN
 Province: NORTH WEST
 Postal code: _____

16. Citizenship: SOUTH AFRICAN

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad: _____

16.2 Province of Birth: _____

17. Marital Status of the deceased: 17.1 Single 17.2 Married 17.3 Widowed 17.4 Divorced

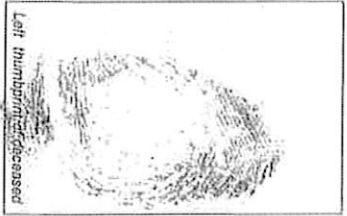
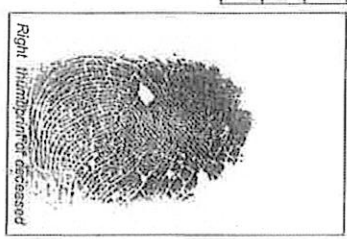
18. Education level of the deceased (Specify only the highest class completed) (mark with a)
 None Gr R Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6 Gr 7 Gr 8 Gr 9 Gr 10 Gr 11 Gr 12 Form 1 Form 2 Form 3 Form 4 Form 5 Un-
 Known Univ Tech Un-

19. Usual occupation of deceased (type of work done during most of working life) (mark with a)
 None Gr R Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6 Gr 7 Gr 8 Gr 9 Gr 10 Gr 11 Gr 12 Form 1 Form 2 Form 3 Form 4 Form 5 Un-
 Known Univ Tech Un-

20. Type of business / industry: (mark with a)
 1. Agriculture, hunting, forestry and fishing
 2. Mining and quarrying
 3. Manufacturing
 4. Electricity, gas and water supply
 5. Construction
 6. Wholesale and retail trade; repair of motor vehicles, motor cycles and household goods; hotels and restaurants
 7. Transport, storage and communication
 8. Financial, insurance, real estate and business services
 9. Community, social and personal services
 10. Private households, external, organisations of foreign governments & other activities not adequately defined

21. Was the deceased a regular* smoker five years ago? (mark with a)
 21.1 Yes 21.2 No 21.3 Do not know 21.4 Not applicable (minor)

* Where the deceased lived on most days. **Smoking tobacco on most days.





REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
[Births and Deaths Registration Act 51 of 1992]
[Regulations 11 and 14]



To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to Natural Causes

22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to Natural Causes

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

24. Surname: KHUMALO
25. Forenames: LORATO FELICIA
26. Name of Health Facility / Practice: POSTMASBURG HOSPITAL
27. Facility / Practice No.: 5600602
28. Business Address: 1 END STREET
Town: POSTMASBURG
Telephone No. (Office): 0532130664
Postal Code: 8420

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Date signed: 20251217
Place signed: POSTMASBURG

Signature:

C. CERTIFICATE BY MEDICAL PRACTITIONER / FORENSIC PATHOLOGIST

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

30.1 Natural
 30.2 Unnatural
 30.3 Under investigation

31. Date of Post-mortem: Y Y Y Y M M D D
32. Name of Medico-legal Mortuary: [Blank]
33. Mortuary No.: [Blank]
34. Mortuary Reference Number of Deceased: [Blank]
35. SAPS Case No.: [Blank]
36. Name of Police Station: [Blank]
37. Forenames: [Blank]
38. Forenames: [Blank]
39. Business Address: [Blank]
Street: [Blank]
Town: [Blank]
Telephone No. (Office): [Blank]
Postal Code: [Blank]

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Date signed: Y Y Y Y M M D D
Place signed: [Blank]

Signature: [Blank]

D. PARTICULARS OF INFORMANT

Instructions: Section D to be completed by informant, informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No., if foreigner): 691127027087
41. Date of Birth: 19691127
42. Citizenship: SOUTH AFRICAN
43. Surname: KOCIC
44. Forenames: SARASERIMONA
45. Residential Address: 06 STOLO STREET
Town: JENNHEVEN
Province: NORTHELN CAPE
Postal Code: 8420
46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify: SISTER
Telephone No. (Home): 0603206311
Cellphone No.: 0603206311

I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Date signed: 20251217
Signature:



NOTICE OF DEATH / STILLBIRTH

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



16631196426

[Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with [X] the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

E. PARTICULARS OF FUNERAL UNDERTAKER

Undertaker or Informant may submit the completed form to the nearest Home Affairs office. The undertaker must take his or her fingerprint, the finger print of the deceased and the informant. Authorised Funeral

47. Name of Funeral Parour: BOSTON FUNERALS
48. DHA Designation No.: KY95
49. Company Reg. No.:
50. SARS Reg. No. (Income tax reference no.):

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner): 831011025089
52. Surname: MORCROFT
53. Forenames: NICOLENE
54. Business Address: Street: 38 CLAYCROFT, Town: BOSTON, Telephone No. (Office): 0533132096, Date of collection of corpse: 20051217, 55. Date of collection of corpse: 20051217, 56. Date of Cremation (if applicable):, 57. Place of Burial (City/Town/Village): BOSTON, 58. Date of Burial: 20051217, 59. Grave No. (if available):

Place signed: Boston
Date signed: 20051217
Signature: [Signature]

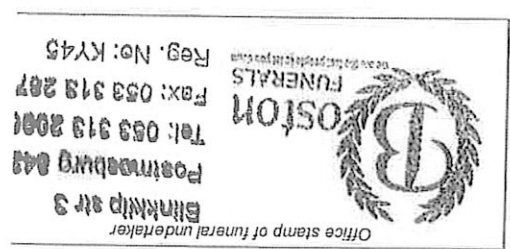
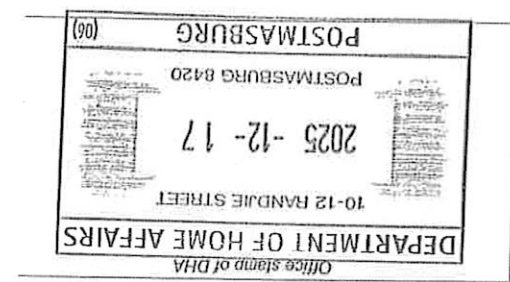
Name of person who collected the deceased: 831011025089
60. Identity No. (Passport No. if foreigner):
61. Surname: MORCROFT
62. Forenames: NICOLENE
Place signed: Boston
Date signed: 20051217
Signature: [Signature]

F. FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):
64. Surname: UKENA
65. Forenames: CATHELEN DEBBM
66. Personal No.: 19021208

Documents included with this notice:
 Copy of the deceased's ID
 DHA - 6 (if applicable)
 Informant
 Copy of ID document of the informant
 DHA - 1680 (if applicable)
 Funeral Undertaker

DHA-1663 was submitted by:





REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

BURIAL ORDER

[Births and Deaths Registration Act 51 of 1992]

[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required by the HOME AFFAIRS OFFICIAL



AA4791689

DHA-14 A

Date of Issue

2025 12 17

Serial number of DHA-1663

1963 I 1964 26

A. PARTICULARS OF DECEASED

Identity number

790316 5172 089

Passport number (if foreigner)

2025 12 15

Citizenship

RSA

Surname

ANDREAS

Previous or Maiden surname

TAN JACOBUS

Forenames

POSTMASBURG

Place of death: City/Town

Province N/C

Place of burial: City/Town

Province N/C

Cause of death

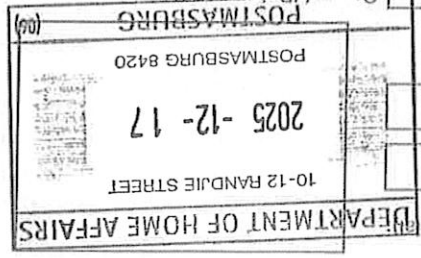
Natural Unnatural Under investigation

B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official)



Surname

UKENA

Forenames

CATHLEEN DEBBY

Persal No.

19021208

Documents included with this notice:

Copy of the deceased's ID/passport

DHA-1663 was submitted by:

Informant

Funeral Undertaker

Identity Number of Recipient:

691127 0270 087

If Funeral Undertaker:

Designation number

Signature of recipient

Date received

2025 12 17

PARTICULARS FROM THE POPULATION REGISTER (R.O.):

ABRIDGED

DEATH CERTIFICATE

ENTITY NUMBER:

790316 5172 08 9

RNAME:

ANDREAS

RST NAMES:

JAN JACOBUS

TE OF BIRTH:

1979-03-16

NDER:

MATE

RITAL STATUS:

NEVER MARRIED

TE OF DEATH:

2025-12-15

AGE OF DEATH:

POSTMASBURG

USE OF DEATH:

NATURAL

E OF ISSUE: 2025-12-17

ISSUED BY: YKF203

DEPARTMENT OF HOME AFFAIRS
10-12 RANDJIE STREET
2025 -12- 17
POSTMASBURG 8420
POSTMASBURG
(09)

ECTOR-GENERAL: HOME AFFAIRS

COOK



REPUBLIC OF SOUTH AFRICA
REPUBLICAN IDENTIFICATION CARD

ADDRESS
JAN JACOBS

POB

IDENTIFICATION NUMBER
7903465172089

Date of Birth:
10 MAR 1979

COUNTRY OF ORIGIN
RSA

CITIZEN

DECEASED

CERTIFIED A TRUE COPY OF THE ORIGINAL
DATE: 2025-12-17
C. Ockers
COMMISSIONER OF HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
10-12 RANDIE STREET
2025-12-17
POSTMASBURG 8420
POSTMASBURG
(06)

5591633

NAME: Sara Serema Kok

ID NUMBER: 6911270270087

AGE: 55

ADDRESS: 06 Skool Street, Ivan Heaven

CONTACT NUMBER: 06 320 6811

I HEREBY DECLARE UNDER OATH IN ENGLISH

I above mention state that my brother with the following details: Jan Jacobus Address with ID No. 7903165142089 lost his ID card and ID Book. That is all I can declare.

I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT

I HAVE NO OBJECTION IN TAKING THE PRESCRIBED OATH

I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE

SO HELP ME GOD.



DEPONENT SIGNATURE

SOUTH AFRICAN POLICE	REGISTER	POSTMASBURG
2025-12-17	REGISTER	POSTMASBURG
SUID-AFRIKAANSE POLISIEDIENS	REGISTER	POSTMASBURG

I CERTIFY THAT THE ABOVE STATEMENT WAS TAKEN BY ME AND THAT THIS DEPONENT HAS ACKNOWLEDGED THAT HE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS STATEMENT. THIS SWORN STATEMENT WAS SWORN TO BEFORE ME AND THE DEPONENT'S SIGNATURE/THUMB/PRINT MARK WAS PLACED THEREON IN MY PRESENCE AT

POSTMASBURG ON: 2025-12-17

AT 10:06

COMMISSIONER OF OATHS
 (Signature)
 7267445 CST
 (Signature) 7267445
 (Signature) 7267445

PERSONAL NO: 7267445

RANK: CST

DLAOTSE, P. MOKGALADI
 FULL NAMES AND SURNAME IN PRINT
 ADDRESS: 24 RANDJIE STREET, POSTMASBURG 8420

NOTICE OF PERSONAL PARTICULARS

1 Any changes to the personal particulars in your ID Book must be communicated to all relevant parties

2 Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1 Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g name of street and/or street number etc

NOTICE OF CHANGE OF ADDRESS

DE KOKER
SURNAME

JAN
FORENAMES

SOUTH AFRICA
COUNTRY OF BIRTH

1959-02-19
DATE OF BIRTH

2018-04-06
DATE ISSUED

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL OF HOME AFFAIRS



I.D. No. 590219 5054 186

NON S.A.CITIZEN



2025-12-17

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603

I CERTIFY THAT THIS IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATION, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: _____

REF NO: 9 1 8 2 GORDONIA

NAME IN PRINT: K I DE JAGER



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



16631196426

4014942

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. All fields are **COMPULSORY**, incomplete applications and applications that are not legible may be considered invalid. The form to be completed in **BLACK INK** with **BLACK LETTERS**. Please mark with the **CORRECT** box, where required. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker.)

1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

2. Identification of the deceased (tick one box):

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Stillborn child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unidentifiable:

2.6.1 Burnt 2.6.2 Decomposed 2.6.3 Other (specify) _____

2.6.4 DNA samples retrieved for identification purposes

2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth: 20251215

4.1 Place of Death/stillbirth (City/Town/Village): POSTMASBURG

4.2 Province of Death/stillbirth: NORTHERN CAPE

5. Place of Registration of Death / stillbirth: POSTMASBURG

6. If death occurred within 24 hours after birth, number of hours alive: _____

7. Home telephone no.: _____

8. Identity No. (Passport No. if foreigner): 19790316

10. Date of Birth if there is no ID number: 19790316

11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

12. Surname: ANDREAS

13. Previous / Maiden Surname: _____

14. Forenames: JAN THOMAS

15. Usual Residential Address: Street: 06 SKOL STREET; Town: JENN HAVEN; Province: NORTHERN CAPE; Postal code: _____

16. Citizenship: SOUTH AFRICAN

16.1 Place of Birth (City / Town / Village): _____

16.2 Country of Birth, if abroad: _____

16.3 Province of Birth: _____

17. Marital Status of the deceased (Specify only the highest class, completed): 17.1 Single 17.2 Married 17.3 Widowed 17.4 Divorced

18. Education level of deceased, (Completed):

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Univ	Tech	Known
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19. Usual occupation of deceased (type of work done during most of working life): _____

20. Type of business / industry: (mark with a)

1. Agriculture, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extrajudicial representatives of foreign governments & other activities not adequately defined
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1. Was the deceased a regular* smoker five years ago? (mark with a)

2.1.1 Yes 2.1.2 No 2.1.3 Do not know 2.1.4 Not applicable (minor)

Where the deceased lived on most days. *Smoking tobacco on most days.

